

NON-COLLUSION AFFIDAVIT

I certify that the proposal submitted to the City of Durham by _____
_____ (the "Grantee") was submitted competitively and without collusion. I am authorized to represent the Grantee in making this Non-collusion Affidavit. To the best of my knowledge and belief, (1) the Grantee has not violated N. C. General Statute section 133-24 in connection with the proposal, and (2) the Grantee has not entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with its proposal. As used in this affidavit, the word "proposal" includes the Grantee's application for funds from the City. The application includes but is not limited to all papers and information submitted to the City in connection with the Grantee's request for funds.

signature

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT (ADA)

Any and all Non-City recipients of funds from the City of Durham must operate under the same ADA requirements the City is obliged to follow. Your signature below certifies that your agency can and will abide by the following statement of ADA obligations.

The City of Durham will not discriminate against qualified individuals with disabilities on the basis of disability in the City's services, programs, or activities. The City will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the City's programs, services, and activities. The City will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all City programs, services, and activities. Anyone who requires an auxiliary aid or service for effective communications, or a modification of policies or procedures to participate in the City program, service, or activity, should contact Stacey Poston, Acting ADA Coordinator by phone at 919-560-4197 x254 or by email at ADA@durhamnc.gov, as soon as possible but **no later than 48 hours** before the scheduled event.

signature

State of _____

ACKNOWLEDGMENT

County of _____

I, a notary public in and for the aforesaid county and state, certify that

_____ personally appeared before me this day and having been duly sworn, stated that the contents of the foregoing Non-collusion Affidavit are true to the best of his or her knowledge and belief, and he or she acknowledged the execution of the foregoing Non-collusion Affidavit. This the _____ day of _____, 20_____.

My commission expires:

Notary Public